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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT # P95000082128 (6)

J.S.A.S., INC.

Principal Place of Business

Mailing Address

## FILED Apr 27 1998 8:00am Secretary of State



418 MARSH POINT CIRCLE 418 MARSH POINT CIRCLE ST. AUGUSTINE FL 32084 ST. AUGUSTINE FL 32084 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/26/1995 2. Principal Place of Business 21 12627 SW 28 PLACE Mailing Address 4. FEI Number Applied For 12627 SW 28th PLACE 26 59-3347012 Not Applicable Suite, Apl. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be ARCHER ARCHER Trust Fund Contribution 23 Added to Fees Country 15. Country 8. This corporation owes or has paid the current year Intangible ALACHVA US 32618 Yes Personal Property Tax due June 30. g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name DUFRESNE, DONALD M 8777 SAN JOSE BLVD., CHURCHILL PARK 82 Street Address (P.O. Box Number is Not Acceptable) STE. 302 83 JACKSONVILLE FL 32217 84 City 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. **SIGNATURE** Signature, typed or printed name of registered agent and tille if applicable (NO16: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Addition TITLE **X** DELETE Change 1.1 TITLE BURKHARDT, JEANNE L 1.2 NAME NAME 418 MARSH POINT CIRCLE 1,3 STREET ADDRESS STREET ADDRESS ST. AUGUSTINE FL 32084 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE BURKHAROT, JEANNE L 12627 SW 28th PLACE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS ARCHOR, PL 32618 CITY-ST-ZIP 2 4 CITY-ST-ZIP Change DELETE 3.1 TITLE Addition TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TI7LE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE TITLE 61 TITLE Change Addition NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP CiTY+ST-ZIP 14. Hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

Block 12 or Block 13 if engineed, or on an attachment with an address.